

MISSISSIPPI MUDDS OF CARLETON PLACE, INC.

**RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION
OF RISK**

PLEASE READ CAREFULLY

Participants Name: _____

Activity: _____

I desire to participate in the above activity organized by The Mississippi Mudds of Carleton Place, Inc. (the "Mudds"). I understand that in order for the Mudds to accept my application to participate in the above activity, I must agree to be bound by this Release, Waiver and Assumption of Risk.

As a participant in the above Mudds activity, I have been informed of and accept all inherent risks associated with the above activity and the possibility of personal injury, death, property damage or loss resulting there from. I acknowledge and agree that the Mudds will not be responsible for any loss, injury or damage of any nature, including death, howsoever arising. I also recognize that I have been advised to carry my own insurance in connection therewith.

By signing below and in consideration of my attendance, I waive any and all claims I may now and in the future have against, and release from all liability the Mudds and forever release their directors, officers, employees, members, agents and volunteers (collectively, the "Releasees") from any and all actions, causes of action, claims, and demands (collectively, the "Claims") from any loss, injury or damage of any nature, including death which has arisen or may arise from my participation INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM RISKS, DANGERS AND HAZARDS.

I confirm that I am the full age of majority or, in the alternative, I have indicated that I am the guardian of the minor participant named, and that I have read and understand this agreement prior to signing it and agree that this agreement will be

binding upon me (as participant or guardian), my heirs, next of kin, executors, administrators and successors.

Any claims will be governed by the laws of Ontario, Canada, and I consent to the exclusive jurisdiction of the Courts in Ontario, Canada in any action.

Name of Participant: _____

Signature of Participant: _____

Date: _____

Initial here:

I acknowledge that I have been fully informed of the risks and dangers involved in the abovementioned activity. I acknowledge that I have read, agree, and fully understand this Release of Liability and Waiver of Risk. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them.